

Case Number:	CM13-0061695		
Date Assigned:	12/30/2013	Date of Injury:	10/05/2000
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old male who reported an injury on 10/05/2000. The mechanism of injury was not provided. Current diagnosis is thoracic or lumbosacral neuritis or radiculitis. The only clinical documentation submitted for this review is a home electrotherapy recommendation and history form submitted on 10/23/2013. There is no documentation of a current physical examination. It is noted that the injured worker has previously been treated with medications, physical therapy, and TENS therapy without relief. The treatment recommendations included a home H-Wave device.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

HOME H-WAVE DEVICE RENTAL FOR ONE MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation Page(s): 117-121.

Decision rationale: The California MTUS Guidelines state H-Wave stimulation is not recommended as an isolated intervention, but a 1-month home based trial may be considered as a non-invasive conservative option for diabetic neuropathic pain or chronic soft tissue

inflammation. H-Wave stimulation should be used as an adjunct to a program of evidence-based functional restoration and only following a failure of initially recommended conservative care. As per the documentation submitted, it is noted that the injured worker has completed physical therapy and TENS therapy without relief. However, there is no documentation of an updated physical examination. Therefore, there is no evidence of diabetic neuropathic pain or chronic soft tissue inflammation. There is also no documentation of this injured worker's active participation in a program of evidence-based functional restoration to be used in conjunction with the H-Wave device. Based on the aforementioned points, the request for Home H-Wave device x1 month is non-certified.